

INSTRUCTIONS: Complete all information requested. Send the entire application directly to the park along with a check or money order for **\$5.00**. Reservations are not final until confirmed by the park office and confirmation notice sent to applicant.

Group Name (if applicable): _____

Person Responsible: _____ Number of Participants: Adults: _____ Youth _____

Address: _____ Park Address: Argyle Lake State Park

City, State, Zip _____ 640 Argyle Lake Road

Birthdate: _____ Colchester, IL 62326

Home Phone: _____

Work Phone: _____

FIRST CHOICE: _____ **SECOND CHOICE:** _____

From

To

From

To

Arrival Time ____:____ Departure Time: ____:____ Arrival Time ____:____ Departure Time: ____:____

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LEASE NOTE: A Group Camp reservation does not indicate exclusive use of the group camp area. Carrying capacity of the area, as determined by site management, will dictate the number of groups allowed at any given time.

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MEMBER:

- ▶ Reservations held until 10:00 p.m. Check out is 3:00 p.m.
- ▶ Group camping is subject to all statues and administrative rules governing the park, which are posted at the site. Additional site-specific rules will be sent with your confirmation notice. Any violations will result in the revocation of this permit and denial of future requests.
- ▶ Reservations are accepted by mail and in-person only. No telephone reservations.
- ▶ Reservation Fee (\$5.00) must accompany application.
- ▶ Reservation Fees are non-refundable unless area is closed by the Department of Natural Resources.
- ▶ Make check payable to DEPT. OF NATURAL RESOURCES, ARGYLE LAKE STATE PARK

I HAVE READ THE RULES AND REGULATIONS OF THE YOUTH GROUP CAMPGROUND AND UNDERSTAND THE CONDITIONS OF THIS APPLICATION.

Signature of Applicant: _____

OFFICE USE ONLY

Date Received: _____

Date Reservation Confirmed: _____

Check Number: _____

Reservation Clerk: _____

